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Buckinghamshire Education
Committee

Annual Report

of the

Principal School Medical Officer

for the

Year 1955

G. T. De Fraine & Co., Ltd., Aylesbury.

SEEN BY THE
MEDICAL OFFICER

CONTENTS

	PAGE
Introduction	3
Staff	4
Number on Roll	6
Medical Inspections	6
Periodic Inspections	6
Other Inspections	6
Results of Inspections	8
Infectious Disease	9
Medical Treatment	9
School Clinics	10
Minor Ailments	10
Skin Conditions	11
Eye Defects	11
Ear, Nose and Throat Conditions	11
Orthopaedic and Postural Conditions	12
Physical Education	12
Child Guidance	14
Speech Therapy	18
Verminous Conditions	19
Tuberculosis and B.C.G. Vaccination	20
Convalescence and Open Air Schools	24
Report of Principal School Dental Officer	25
Handicapped Pupils	26
Audiometry	28
School Nursing Service	28
School Hygiene and Sanitation	29
School Meals	30
Statistics	31

MR. CHAIRMAN, LADIES AND GENTLEMEN,

Once more I have the honour to present the Annual Report on the School Health Services and, though the form of presentation shows no startling variations, there are, I feel, certain indications of a change in character of the work carried out. In the past, the main accent was, of necessity, placed on the discovery and treatment of the many and varied physical defects in childhood, paying particular attention to the type of tuition required on such cases. Gradually, as the standard of physical fitness and cleanliness of children has risen so have the opportunities to investigate factors other than organic disease which may hamper a child's development. The effect on this by the environment in its broadest sense can be gauged from the section of this report dealing with Child Guidance, bearing in mind that the demands on the Child Guidance Service are not fully met. It is of paramount importance that Medical Services prove themselves capable of adaptation according to altering circumstances, and I am gratified to note that the staff of this Department are more than aware of this need.

One innovation during the year was the introduction of a B.C.G. vaccination programme in schools. This was carried out smoothly and without fuss and is now accepted as a routine task of the School Health Service. On the other hand, although the scope of the Service appears to have broadened, it has not proved possible to fulfil all that might have been expected during the year. The hopes expressed on the appointment of an audiometrician proved forlorn ones for this branch of the Service literally closed down half-way through the year following the officer's resignation, and all attempts to fill the vacancy failed. Similarly, the work of the School Dental Service continued to be hampered by lack of qualified staff and it would be foolish to pretend that the situation is satisfactory.

Although these problems are not local ones, we can take but small comfort from the knowledge that other authorities may well be less fortunate than ourselves. I am, however, most grateful for the help I have received from everyone connected with the School Health Service and welcome the opportunity of expressing my appreciation of the good work carried out by the staff of the Department.

I have the honour to be,

Your obedient Servant,

G. W. H. TOWSEND,

Principal School Medical Officer.

STAFF

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

G. W. H. TOWNSEND, B.A., M.B., B.Ch., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

C. D. CORMAC, M.A., B.M., B.Ch., D.P.H.

SENIOR MEDICAL OFFICERS.

H. M. DAVIS, M.D., Ch.B., D.P.H.

A. W. PRINGLE, B.A., M.B., B.Ch., B.A.O., D.P.H.

DIVISIONAL SCHOOL MEDICAL OFFICERS.

Amersham/Chesham T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Eton G. M. HOBBS, M.B., Ch.B., D.P.H.
High Wycombe A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.
North Bucks D. H. WALDRON, O.B.E., M.D., B.Ch.,
B.A.O., D.P.H., D.T.M and H.
Slough M. A. CHARRETT, M.R.C.S., L.R.C.P.,
D.P.H.

SCHOOL MEDICAL OFFICERS.

P. M. ELLIOTT, M.D., B.S., D.Obst., R.C.O.G., D.P.H.
R. HANDY, M.B., B.S., D.P.H.
M. E. M. HERFORD, M.B., Ch.B., D.P.H. (Part-time).
H. V. ILLING, M.B., Ch.B.
M. C. IM THURN, M.R.C.S., L.R.C.P., D.P.H.
J. C. RONALDSON, M.B., Ch.B., D.P.H.
A. E. R. SCOTT, M.R.C.S., L.R.C.P., Cert., S.I.B.
F. SEYMOUR, M.B., Ch.B.
J. T. C. SIMS-ROBERTS, M.B., Ch.B., D.P.H. (Barrister-at-Law).
F. STANG, M.D., L.R.C.P., D.P.H.

OPHTHALMIC SURGEONS.

T. S. S. GREGORY, M.B., B.Ch., F.R.C.S., D.O.M.S.
S. H. G. HUMFREY, M.R.C.S., L.R.C.P., D.O.M.S.
V. P. PURVIS, M.B., B.S., D.O., D.O.M.S., R.C.P.S.
C. B. V. TAIT, M.R.C.P., L.R.C.P., D.O.M.S.

(Part-time services made available to the Education Committee by arrangement with the North West Metropolitan and Oxford Regional Hospital Boards).

STAFF (*continued*)

CHILD GUIDANCE.

E. M. BOOTH, M.B., Ch.B., D.P.M.

M. I. POTT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

(Part-time services made available to the Education Committee by arrangement with the North West Metropolitan and Oxford Regional Hospital Boards).

Educational Psychologists—Miss O. M. BAKER.

Miss J. M. FREEMAN.

Psychiatric Social Workers—Miss B. SOBELL.

Miss I. B. TAMBLYN.

CONSULTANT OTOLOGIST.

A. G. WELLS, F.R.C.S. (Part-time).

PRINCIPAL SCHOOL DENTAL OFFICER.

E. KEW, L.D.S., R.F.P.S.

SCHOOL DENTAL OFFICERS.

E. BLUMENAU, M.D.

K. DANNEN, D.M.D.

E. DEUTSCH, M.D.

C. H. GRIFFITHS, L.D.S., R.C.S.

J. D. HOWELLS, L.D.S., R.C.S. (Part-time).

L. LOEWE, M.D.

J. W. PAUL, L.D.S., R.C.S. (Part-time).

G. M. RODGERS, L.D.S., R.C.S. (Part-time).

J. SMITH, L.D.S., R.F.P.S.

M. L. WEBB, L.D.S., R.C.S. (Part-time).

C. A. WRIGHT, L.D.S., R.C.S. (Part-time).

SPEECH THERAPISTS.

B. D. MACLEAN, L.C.S.T.

C. P. S. GRIFFITHS, L.C.S.T.

NURSING STAFF.

School Nurses—67 engaged part-time on School Health Service.

Dental Hygienist—1.

Dental Attendants—10 including 3 part-time).

CLERICAL STAFF.

Apart from the work done in Divisional Offices, four of the staff of the Public Health Department are engaged wholly or chiefly on the clerical work of the School Health Service.

NUMBER OF CHILDREN ON THE ROLL

County Nursery Schools	...	...	...	...	...	...	563
County Primary (including Nursery Classes) and Secondary Modern	...	...	...	...	...	...	51,214
County Technical	...	...	...	...	...	...	1,222
County Grammar	...	...	...	...	...	...	4,396
Special	...	...	...	...	...	...	263
							<hr/> 57,658 <hr/>

MEDICAL INSPECTIONS

Complete statistics relating to medical inspections are set out in tables at the end of this report.

Periodic Inspections.

Routine medical examination of schoolchildren continued to be carried out in the three age groups as follows:—

- (1) On entry to primary school at 5 years;
- (2) On leaving primary school at 10 or 11 years; ,
- (3) On leaving secondary school at 15 years or more.

In addition, Grammar School children were inspected at entry, on reaching the age of 15 years and on leaving. During the year, 14,566 children were examined and of these 1,037 (7.1%) had some defect requiring treatment. This is a reduction in the proportion of children found to be in need of treatment when compared with the previous years and is the lowest figure recorded in the last six years under review.

The overwhelming majority of defects discovered at routine inspections were those relating to vision (33% of the total defects), orthopaedic conditions (27%) and defects of the nose and throat (19%).

Other Inspections.

Examination of schoolchildren is not, of course, limited to three age groups for, in addition, special examinations are carried out by the School Medical Officers at the requests of parents, school teachers or school nurses.

Some 880 children were examined in this way compared with 1,050 in the previous year. Not all these children were seen for the first time during the year, however, and this total includes children examined in the previous year and kept under observation.

TABLE 1.

				Total School Population.	Total number of children examined.	% of Children with defects found to require treatment.
1950	...	...	...	45,535	11,691	16.6
1951	...	...	...	46,891	12,917	16.3
1952	...	...	...	50,188	14,569	15.6
1953	...	...	...	52,288	15,963	10.6
1954	...	...	...	54,647	15,503	11.3
1955	...	...	...	57,658	14,566	7.1

Dr. M. E. M. Herford, who acts not only as a part-time School Medical Officer but is also an Appointed Factory Doctor, gives the following interesting report on the health of families in industry in the Slough area.

“ In 1955, 2,074 examinations were performed, boys 1,234—girls 840. Of these, there were from the Slough and Eton R.D.C. area 303 boys and 153 girls entering employment for the first time, a small increase over the previous year. 357 (42%) boys and 204 (40%) girls were re-examined in the same employment having completed a year in the same job.

The number of boys from Slough and Eton area examined was 860 of whom 50% had a noticeable defect, representing a rise of 10%. The rise was predominantly due to an increase in the number of visual defects and skin abnormalities.

The proportion of boys having a defect for which some action was taken dropped from 4% to 3.5%. There was a slight increase in the amount of dental caries noticed; 9.3% to 10.5%.

The number of girls from Slough and Eton schools examined was 519. Of these 56% had a noticeable defect representing a rise of 6%. The rise was due to the same causes as the boys, but there was also a small increase in postural defects. The proportion of cases in which some action was taken dropped from 7.4% to 5.8%.

The proportion of dental caries observed diminished; 7.7% to 7.3%. There is no doubt that the dental condition of both boys and girls has improved in recent years and is, on the whole, satisfactory.

The proportion of visual defects noticed has increased for each of the last three years. The great majority of cases are of minor significance. Whether the television habit is a contributory cause is a matter for speculation. The role of avoidable accidents as a cause of major defects of vision in boys has been observed before.

The increase in dermatitis was due to the hot weather.

In all examinations, an attempt was made by simple questions to gain some insight into attitude of mind to work and outside interests in order to make some assessment of mental health. Many young people had wide and varied interests but too many of them had few or very restricted interests outside their work or in their family life.

Criticism has been made of the statutory regulation whereby young people under 18 are subject to re-examination every time they change their employment. Of the boys, 84 were seen twice, 15 three times and 3 four times. Of the girls, 77 were seen twice, 16 three times and 1 four times. Although this is not a large proportion of all examinations, there is a definite benefit to the young people in renewed contact with someone interested in their problems, and the privileged position of a doctor may enable him to exert a stabilising influence.

A high proportion of those who change jobs frequently have defects requiring supervision.

The problem of using information from School Medical examinations continues to receive attention. Notes have been made of all children examined at the leaving examination, and all young people taking employment are seen by appointment, their name and date of birth being known in advance. If their school is also known, reference can be made to the notes but this is seldom possible and the only alternative is an alphabetical card index which is not feasible except for a central records office. It would be helpful if the general register for juveniles kept by firms contained a column for the name of the school to be inserted, adjacent to the date of birth. There is really no substitute for written information, where relevant, to be available at the time of entry into employment and this can only be done on the basis of a school register.

The employment of the mentally handicapped has been discussed with many firms and attempts made to estimate the types and extent of suitable work available in the area. It is thought that much could be done to duplicate and extend experiments made in other areas.

Work has been found for adolescents at the County Occupational Centre. Parts are brought from a local firm and wired ready for plating. Unfortunately, a firm which had been most co-operative in suggesting work and had offered to make space available for mentally handicapped young people to work under supervision has now been transferred out of the area."

RESULTS OF INSPECTIONS

Table 2 compares the types of defects found on inspection during the years 1950—1955. Not all children found to have some defect are in need of treatment and during the year no further action was deemed necessary to deal with 61 defects out of the total of 1,098 discovered at periodic inspections.

There has obviously been no alteration in the predominance of certain defects found in any one year.

TABLE 2.
Total Defects found at Periodic Medical Inspections.

Defect or Disease	1950	1951	1952	1953	1954	1955
Skin	35	12	10	1	30	14
Eyes—						
(a) Vision ...	287	403	440	470	407	300
(b) Squint ...	52	63	67	64	51	49
(c) Other ...	32	38	21	26	17	13
Ears—						
(a) Hearing ...	19	48	49	33	38	39
(b) Otitis Media	6	25	8	18	17	7
(c) Other ...	17	22	21	17	26	9
Nose and Throat	687	675	560	559	567	210
Speech	101	79	80	65	36	39
Cervical Glands ...	27	28	17	17	15	3
Heart and						
Circulation ...	11	8	4	7	36	23
Lungs	39	68	65	67	75	35
Developmental—						
(a) Hernia ...	4	5	1	2	6	1
(b) Other ...	4	9	2	3	16	8
Orthopaedic—						
(a) Posture ...	72	153	185	274	142	83
(b) Flat foot ...	131	230	295	316	149	77
(c) Other ...	129	174	156	155	119	135
Nervous System—						
(a) Epilepsy ...	—	7	7	2	4	2
(b) Other ...	9	5	5	16	9	4
Psychological—						
(a) Developmental	63	87	74	56	38	30
(b) Stability ...	12	11	15	27	15	9
Other	196	10	17	5	27	8
Total ...	1,933	2,160	2,009	2,200	1,835	1,098

The following table gives the classification of children examined according to their general condition. This is, of course, a composite of a number of medical officers' opinions and from a statistical point of view cannot be regarded other than a rough assessment of the general standard of fitness in childhood.

“General Condition” of Pupils.

	No. of Pupils Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
1950	11,691	3,339	28.56	7,765	66.41	587	5.02
1951	12,917	4,736	36.66	7,824	60.57	357	2.76
1952	14,569	5,650	38.78	8,579	58.88	340	2.33
1953	15,963	7,004	43.88	8,659	54.24	300	1.88
1954	15,503	6,875	44.35	8,220	53.02	408	2.63
1955	14,566	6,114	41.98	8,051	55.27	401	2.75

INFECTIOUS DISEASES.

The number of cases of infectious diseases notified during the year by teachers in maintained schools is given in the following tables but this in no way represents the true incidence of the diseases in the child population in the County. Many cases so notified are never confirmed as such, whilst others are never notified at all.

To avoid any misunderstanding notification is required in order that action can be taken to prevent the spread of infection and not solely to measure the incidence of any particular disease. Many of the common infectious diseases of childhood are not readily controlled by reasonable practical measures and, because the majority of these ailments now are mild in character compared with earlier years, there is less need to apply stringent quarantine measures which interfere unnecessarily with a child's attendance at school.

Each head teacher is issued with instructions on the need for quarantine measures and these are based on the recommendation of the Ministry of Education. Nevertheless, there are still some anomalies and occasional confusion arises in the minds of parents of children who are excluded from school because of contact with infectious disease but are regarded as fit to attend by the general practitioner in attendance.

	1950	1951	1952	1953	1954	1955
Diphtheria	—	—	—	—	—	—
Scarlet Fever	183	126	215	402	233	81
Measles	245	2,023	675	1,701	86	2,231
German Measles	24	344	333	904	178	41
Whooping Cough	305	544	72	197	327	151
Poliomyelitis	5	11	3	1	—	4
Chickenpox	431	1,324	1,769	1,236	1,103	751
Mumps	177	842	1,336	351	832	847
Other	86	101	89	79	151	94
Total ...	1,456	5,315	4,492	4,871	2,910	4,200
% of school population	3.8	11.3	8.9	9.3	5.3	7.2

The "other" cases recorded in the above table are:—

Tonsillitis	7
Jaundice	1
Conjunctivitis	25
Impetigo	42
Ringworm	12
Seabies	2
Enteritis	2
Dysentery	3

MEDICAL TREATMENT

The following table shows the location of school clinics, together with the type and number in each. The number of cases treated at these clinics is shown in Table IV at the end of this report.

SCHOOL CLINICS

Location.	Child Guidance.	Dental.	Minor Ailments.	Ophthalmic.	Speech Therapy.
Pebble Lane, Aylesbury ...	2 sessions per week.	9 sessions (approx.)	School Nurse available daily.	1 session per week.	2 sessions per week.
Bletchley Road, Bletchley ...	—	6 sessions (approx.)		1 session per month.	3 sessions per week.
Stratford Road, Buckingham	—	—		1 session per month.	1 session per week.
Germain Street, Chesham ...	—	7 sessions (approx.)		1 session per week. (except 3rd Saturday).	2 sessions per week.
51 Priory Road, High Wycombe ...	2 sessions per week.	14 sessions (approx.)	—	2 sessions per week.	—
Municipal Health Centre, High Wycombe ...	2 sessions per week.	—	1 doctor's session per week.	—	4 sessions per week.
The Health Centre, Burlington Road, Slough ...	—	10 sessions. (approx.)	1 doctor's session per week.	3 sessions per week.	4 sessions per week.
122 Church Street, Wolverton	—	5 sessions (approx.)	School Nurse available daily.	—	2 sessions per week.

Minor Ailments.

The School Medical Officer is in attendance weekly at Minor Ailments Clinics in Slough and High Wycombe but no other "doctor's" sessions are held elsewhere in the County although the school nurse is available daily in school clinics in Chesham, Aylesbury, Bletchley, Buckingham and Wolverton. The total number of children seen at these clinics during the year was 321 in comparison with 402 in the previous year.

Skin Conditions.

Only 14 cases of skin disease were noted during periodic medical examinations during the year in comparison with 30 in the previous year. Although the following table shows the total number of cases treated over the last six years through the agency of the School Health Service, it cannot be regarded as a true record of the incidence of skin disease in the child population.

	1950	1951	1952	1953	1954	1955
Total skin conditions—	229	429	360	331	228	62
Ringworm—scalp ...	1	1	—	—	—	1
" —body ...	4	8	1	—	—	—
Scabies	—	3	6	6	—	—
Impetigo	127	18	38	29	7	10

Eye Defects.

There has been no change in the arrangements for examination and treatment of eye defects during the year.

Ophthalmic clinics are held under the direction of specialists on the staff of the Regional Hospital Boards, nursing and clerical staff being provided by the Education Committee. Eye defects represented one-third of the total defects discovered at periodic medical inspections during the year.

Ear, Nose and Throat Conditions.

The year showed a drop in the number of defects of the nose and throat discovered at routine medical inspections. How much of this is due to a real decrease in the incidence of organic disease and how much is due to the adoption of a policy of conservatism in the treatment of enlarged tonsils is difficult to say. There is certainly less enthusiasm to remove uncomplicated enlarged tonsils nowadays. Clinic facilities are provided by Regional Hospital Boards and the total number of operations carried out during the year is given in the following table (these totals also include pre-school age children and children referred by general practitioners):—

	Operations performed.
King Edward VII Hospital, Windsor	139
Chalfonts and Gerrards Cross Hospital	148
Upton General Hospital, Slough	195
Northampton General Hospital	102
Tindal General Hospital, Aylesbury	433
Amersham General Hospital	40
Booker Hospital	424
	<hr/> 1,481 <hr/>

Orthopaedic and Postural Conditions.

Fewer orthopaedic defects were discovered at routine medical inspections during the year (total 295) compared with 1954 (total 410). Flat feet and faulty posture accounted for over half the defects noted.

Weekly clinics are held in the Out-Patient Clinics of the Wingfield-Morris Orthopaedic Hospital in Aylesbury, High Wycombe and Windsor; twice monthly clinics in Chesham and once every two months in Newport Pagnell and Buckingham.

Remedial exercise classes continued to be held in Beaconsfield and Slough.

In Beaconsfield, cases are referred to the classes by school medical officers who inspect the classes each term in order to review the cases and assess progress. The types of cases attending can be summarised as follows:—

- | | |
|---------------------------------|--|
| (1) Minor Orthopaedic: | (a) posture defects;
(b) flat feet;
(c) knock knees;
(d) scoliosis. |
| (2) Breathing Exercises: | Exercises following tonsil and adenoid operations, etc. |
| (3) Asthmatics. | |

These classes do valuable work and provide a useful service for cases seen at school medical inspections who are not sufficiently defective to warrant reference to an orthopaedic clinic but require more attention than is possible at school.

In Slough, a full-time remedial gymnast is employed and thirteen schools (an increase of 2 over the previous year's total) are used as centres catering for pupils from school in the vicinity. The number of children undergoing treatment is not quite as high as in 1954; 503 children being treated during 1955 compared with 570 in the previous year. Of these 503 children, 252 were given exercises for foot deformities (including 2 cases of talipes, 1 case of poliomyelitis and 2 cases of cerebral palsy); 185 were receiving treatment for faulty posture and the remaining 66 children were treated for chest abnormalities (asthma, bronchitis, etc.). It is gratifying to note that the parents of these children co-operated well and attendance at the initial visit was good. It was equally apparent that the parents' co-operation had not been limited to their attendance at the commencement of treatment for the marked improvement in some cases could only have been achieved by continuance of the exercises in the home.

During the year, 65 children were discharged from these remedial classes on the advice of the School Medical Officer.

Physical Education.

I am grateful to Miss J. K. Clarke and Mr. C. Franks, Organisers of Physical Education, for the following information:—

“Considerable progress has been made during the year in the provision of both portable and fixed climbing apparatus for use in the schools. This type of apparatus enables the children to carry out the natural movements and activities which are now the basis of the modern physical education lesson and by allowing work to be done freely it is thus assured that the child is not being made to work beyond the limitations set by its rate of growth and development.

A short 16 m.m. film showing activities on climbing frames and improvised apparatus has been made in conjunction with the County Visual Aids Officer. Filming was done during the ordinary lesson time at some 8 schools selected from various areas of the County. This film has been shown to great advantage in schools, at teachers' refresher courses and at Parent Teachers' Association meetings as it helps to emphasise, to teachers in particular, the tremendous value

which can be derived by children who have a chance of doing free work on various types of climbing apparatus. The apparatus itself is a challenge to the children and it is most interesting and valuable to the teacher to watch how differently children respond to it.

The film is now being distributed by the Educational Foundation for Visual Aids and is being hired by numerous local education authorities and establishments.

Courses.

Refresher courses for teachers in various aspects of physical education have been held at the following centres in the County:—

Dancing	Chesham
"	Slough
"	Aylesbury
Rounders	Aylesbury
Hockey and Physical Education	Chalfont St. Giles
Physical Education	Missenden Abbey
Swimming	Slough
Netball	Slough
"	High Wycombe
Association Football	High Wycombe
"	Slough

Swimming.

There are now twelve centres available for swimming instruction; this is an increase of one, as an open-air bath was opened in Buckingham during the summer. 52 schools are using the open-air baths and river bathing places, and 41 schools attend in Slough for swimming all the year round at the Community Centre indoor bath.

County certificates of proficiency are awarded to beginners and swimmers and considerable numbers enter for the Royal Life Saving Society's examinations.

The number of children who had swimming instruction during the year was approximately 4,000 which represents about one-tenth of the school population.

Courses for Secondary Schools.

At Shortenills, the following one-week residential courses were attended by pupils from secondary schools:—

		Number of Pupils	
		Boys	Girls
Athletics—gymnastics and games	March (3 weeks)	50	30
Athletics and needlework	March (1 week)	—	30
Athletics, gymnastics and games	May (1 week)	30	—
Athletics and campcraft	June (1 week)	36	—
Association football and gymnastics	Sept. (1 week)	32	—
Athletics and hockey	Sept. (1 week)	—	30

Teachers who attended with the children were assisted in the instruction by staff teachers of physical education.

Camping.

During June and July, Wolverton Camp was attended by 340 children from 9 primary schools and 67 from one secondary school. Teachers in charge arranged their own programmes of work, the emphasis being on out-door activities.

Bucks School Camp Association.

The Annual holiday camp, organised by the Bucks School Camp Association, and held at Kingswood Farm near Studland, Dorset, from 22nd July to 12th August, was attended by 724 children from 60 schools and 190 teachers and adult helpers.

Sports Associations.

Teachers continue to give a great deal of spare time to the organisation of school, district and county associations connected with games and athletics, and Bucks children have given a good account of themselves in competition with other counties. A county cricket team for boys under 15, formed for the first time this year, had a successful season, defeating both Middlesex and Surrey."

Child Guidance.

In my last report, I dealt at length with the development of the Child Guidance Service in the county' and teams are now operating not only in Slough but also in Aylesbury and High Wycombe.

Dr. Edith Booth, the Psychiatrist in Charge of the Aylesbury and High Wycombe Child Guidance Clinics, gives the following report on the year's work:—

"The child guidance is carried out by a team of which the Psychiatrist is provided by the Oxford Regional Hospital Board for four half-days per week; two of these are spent at the High Wycombe and two at the Aylesbury clinic.

The other members of the team are full-time; Miss O. Baker, Educational Psychologist, having taken up her duties on 18th October, 1954. Up to September, 1955, no suitable candidate for the post of Psychiatric Social Worker was forthcoming but in October, 1955, Miss I. B. Tamblyn was appointed on a full-time basis. Until her appointment, the work of the child guidance clinics was considerably restricted although the situation was eased to some extent by the loan of a trainee psychiatric social worker from St. John's Hospital for the Aylesbury sessions. The Psychiatric Social Worker is an indispensable member of the team; in addition to obtaining for the Psychiatrist a full report on the home conditions she is, as a result of her specialised training, skilled in helping parents in their emotional adjustments to each other and to their children. In some cases, she is able to relieve tensions in the home arising from unsatisfactory inter-personal relationships. She is often responsible for helping to improve home conditions, unfortunate from the psychological point of view which are having an effect on the child's emotional development and may be factors in the causation of the child's illness.

Both the Aylesbury and High Wycombe Child Guidance Clinics started absolutely from scratch with a new and, at first, incomplete team and without equipment. There was a large accumulation of cases to be seen, some of them of an urgent and distressing nature, and it was felt that some of these cases should be seen at once, even at the expense of time which was needed for the preliminary organisation of a new service.

Premises.

The work has been, to some extent, rendered difficult by the nature of the premises at which the clinics are held; these are the ordinary school clinics which are used, sometimes during the same hours, for other purposes such as dental treatment, orthoptics and, at Aylesbury, ante-natal clinics. Ideally, it is necessary to have one room each for the Psychiatrist, Psychologist, Psychiatric Social Worker and Secretary, with accommodation for filing cabinets in which records are kept, in addition to waiting room accommodation.

At High Wycombe, the only rooms available to the team are widely separated and on two different floors. Nevertheless, it has been possible to equip a pleasant playroom but at Aylesbury, owing to the fact that the room used as a playroom is in demand for other purposes at other times, this has not proved possible.

In young children direct communication by means of speech is impossible and the only approach to a child's mind is through his play. In this he will reveal family attitudes, his own relationship to his family and teachers, and very often his own anxieties and fears; it has thus an integral part to play in both diagnosis and treatment. One, amongst many, examples which could be given is of an intelligent 8-year old girl who, partly because of family anxieties and tensions and partly on account of traumatic experiences when she had to be forcibly separated from her mother and taken into hospital, developed an anxiety state in which her fear of hospitals and doctors was of such magnitude as to interfere with her sleep, her nutrition and her school life. After several therapeutic sessions in which she played a game of hospitals with dolls as patients and herself as the hospital matron, her symptoms had almost disappeared.

Sources of referral to the Child Guidance Clinic.

Apart from the cases referred from juvenile courts, children are referred to the Child Guidance Clinic only on a doctor's recommendation.

It is gratifying to recall the number of cases, often of an interesting type, referred by general practitioners. In some cases, it is found that medicinal treatment is necessary and the close co-operation existing between the local practitioners and the child guidance clinic is greatly to the patient's advantage.

A large number of cases have been referred by School Medical Officers and it is a pleasure to thank them for their co-operation, and the opportunities they have made for discussing individual cases with the child guidance team.

Types of case referred.

It will be appreciated that in most cases these groups overlap and any one child may have several symptoms or problems—e.g. very few children present themselves as pure educational problems. A child may do badly at school for a variety of reasons, he may be of below average intelligence, he may have average or above average intelligence with some special disability, e.g. a reading disability, or he may be unable to learn at school because he is emotionally disturbed. Whatever a child's degree of intelligence may be, continued failure in his school work almost inevitably raises further emotional problems, such as feelings of anxiety or insecurity and often these are followed by behaviour disorder or even delinquency. Forty-six children have presented as primarily having educational difficulties; of these, thirteen are still awaiting to be seen, nineteen are receiving remedial teaching at the clinic and the remainder have either been recommended for special schools or special classes in ordinary schools. There would appear to be a large number of children in this area who have special difficulty in learning to read and there seems to be a need for more small special classes for these backward readers. This is a problem on which much emphasis is laid for early recognition and treatment of the child's difficulty. Had time permitted, the Educational Psychologist would have wished to give remedial teaching to many more children seen at the clinic and more intensive remedial teaching to the ones whom she is treating. In many cases it would be desirable to see these children every day rather than once a week which is the maximum possible at the present time. Some of the cases needing remedial teaching have waited for a long time and therefore the problem has become particularly difficult and a long period of remedial teaching will be necessary.

In view of the scattered area which the clinics serve and often in the face of poor transport facilities parents are bringing their children long distances for remedial teaching with the utmost cheerfulness.

Behaviour disorders.

Under this heading are included thirteen frankly delinquent children who had been referred by the Juvenile Court or the Probation Officer. Also included are cases of emotional maladjustment, as evinced by undue aggressiveness, abnormal lying, temper tantrums and uncontrollability at home; of these there are twenty-one. Included also are cases of truancy, cases excluded from school for behaviour disorders and children refusing to go to school for one reason or another. Psychosomatic disorders and neuroses—thirteen; these include cases of asthma, enuresis and anxiety states. Children with brain damage, mental deficiency and childhood psychosis—this small but interesting group includes children with epilepsy, brain injury following measles, encephalitis and three cases of frank psychotic illness in children.

In addition, several children who are placed away from home in special schools for maladjusted pupils have been seen for review and for advice as to their future management—this is regarded as a most essential part of the work and in future it is hoped to see every such child during each school holiday. Where it is felt that help can be given in relieving stresses within the family, the mother and sometimes both parents are seen regularly at the clinic, whilst the child is away at the special school.

Types of treatment.

In some cases, all that has been necessary has been for a recommendation to be made with regard to the type of education most suitable for the child—in some cases remedial teaching has been undertaken by the Educational Psychologist, who has also paid frequent visits to schools to discuss each individual child with his teachers.

Environment adjustment.

In some cases, success in dealing with the child's problem has been achieved by relieving stress in the home and/or school, and giving advice about the child's day to day management. In some, although fortunately few, cases the environment has been found to be so adverse to the child's proper emotional development that removal from home has been advised. In this connection, it is emphasised that in all cases attempts have been made to obtain better home conditions and family relationships, and it is only when all this fails that the child's removal from his home surroundings is necessary.

Intensive therapy.

It has been found that in a number of cases both mother and child have been in need of intensive psychological treatment. Whilst this is being given to a few cases, time does not permit of it being given often enough. Intensive therapy of this kind, to be successful, should be given twice or more times a week for at least three hours and often over a period of time. Treatment of this nature can be compared with remedial exercises and physiotherapy as used in treating damaged muscles following birth injury, poliomyelitis and the like. In this new and only partially explored field of child psychiatry, psychotherapy serves a valuable research function. Detailed notes are kept of each child under treatment and of his progress and there is thus being accumulated potentially valuable information which might at some future date be useful in the field of child psychiatry.

Owing to the nature of the difficulties outlined, there is a waiting list for psychotherapy. In a county where transport is often difficult and inconvenient, it is regretted that some parents who have made the effort to bring a child to the clinic should, in the first instance, often have to be given a diagnosis with only a promise of treatment at some future and unspecified date. This is undoubtedly one of many factors which have, in the past, led to the disappointment expressed in

some quarters concerning the usefulness of child guidance. The actual number of cases on the waiting list (Aylesbury 23 and High Wycombe 43) represents a year's wait at High Wycombe and six months' wait at Aylesbury for a diagnostic interview only. The waiting period for psychotherapy is in most cases longer than this. This problem is not, of course, specific for this particular area and unfortunately seems to be present to some degree in most child guidance clinics.

In the future, it is hoped that it will be possible to hold regular case conferences with the School Medical Officers who refer cases to the clinic. It is also hoped that it will be possible to pay more attention to the preventive aspects of child psychiatry—this could be done by catering for a younger age group, especially those who have feeding difficulties and difficulties concerned with habit training.

It is also felt that with more time, attention could be given to the needs of the deprived children and adolescents in the care of the Children's Committee. It might be possible to institute group therapy for certain deprived children and a very small beginning has been made in this way in one of the Children's Homes, with a small group of children who are in the care of the Children's Committee. This plan offers many practical difficulties but there is little doubt that in the future it might be implemented more fully.

During the year, talks on various aspects of child psychology have been given to Mothers' Clubs, Young Wives' Clubs, the staff of the Children's Department and other interested bodies.

One of the most satisfactory features of the first year in which the Child Guidance Clinic has been in operation has been the willing co-operation, with very few exceptions, of parents, teachers, health visitors, family doctors, Children's Department and all those intimately concerned with the welfare of children. It is hoped that this first year's work has had some success in allaying popular prejudice present in some quarters with regard to child guidance."

Dr. Mildred Pott, who is the Psychiatrist in charge of the Slough Clinic makes the following observations:—

"The Child Guidance Service in the Slough area has developed steadily though gradually, and in the last year has been able to extend its service slightly as two more psychotherapy sessions have been allowed.

In spite of this, the waiting list for treatment is long, and cases have to wait up to six months between the time of the diagnostic interview and starting treatment. During the waiting period, the Psychiatric Social Worker tries to keep in touch with the families, and help ease the tension and anxiety but pressure of work prevents this being carried out fully and a number of cases fail to come for treatment when it is at last available.

The waiting list is no criterion of the need for the service as doctors and teachers are reluctant to refer new cases when treatment is not available for many months.

Mrs. Francis, who was Psychiatric Social Worker at Slough, resigned in July to go abroad, and Miss Sobell was appointed in her place and started work in September. Miss Legge worked as temporary child psychotherapist for three months and has now been succeeded by Mrs. Wellin. It is fortunate that the services of two excellent workers have been obtained as there is a shortage of both Psychiatric Social Workers and Child Psychotherapists.

The demands for Child Guidance Service are increasing, not only because the work is becoming known and understood locally but because cases are being referred from the new L.C.C. housing estate. It is likely that the proportion of children needing Child Guidance treatment will be higher in these areas than in the older and more established districts.

Good co-operation has been maintained with doctors, schools, health visitors, the Children's Department, and other social workers, and a useful meeting was held with Dr. Doherty, Psychiatrist at the King Edward VII Hospital, Windsor, in which discussion made clear the way to fuller co-operation and better allocation of cases between the Child Guidance Clinic and the Psychiatric Department of Old Windsor Hospital.

The work in the schools of Miss Freeman, the Educational Psychologist, has increased their understanding of the service and, in general, there is a very good relationship with the teachers. This is of first importance if the Clinic work is to be of real value to the parents and the schools.

The clinic has very little time to give to preventive work which is a matter for concern, but individual members of the staff have undertaken talks to Parent Teachers Associations and other groups.

Two facts which indicate the value of educative work with parents, teachers and others is that cases are being referred at an earlier age than before, and it is now rare for referral to be delayed until a child is nearing school-leaving age. It is also noticeable that almost all cases referred are found to be in need of treatment and the numbers requiring only advice or placement are few. Though this increases the length of the treatment waiting list, it shows that there is an understanding of the type of problem which can be dealt with by Child Guidance methods."

Speech Therapy.

Not only is speech therapy carried out at special clinics but, in addition much work is done in the home and in schools. Notwithstanding this, there is still a lengthy waiting list for treatment although the problem is not quite so pronounced as it was a few years ago.

Two full-time Speech Therapists are employed in the County, one for Slough, Chesham and High Wycombe and the other for the north of the county. The Speech Therapist for the north of the county, Miss E. A. Fowler, who succeeded Miss C. P. Griffiths in September, 1955, reports as follows:—

"On taking up my appointment in September, I noted with interest the number of patients who no longer required Speech Therapy in spite of the lapse of several months since my predecessor left the county. This appears to be due, in no small measure, to that process named maturation, which enables those new patterns of the speech musculature learnt in the Speech Clinic to be fully integrated into the patient's command of the English language. Therefore, contrary to expectation, a period of absence from clinic need not be detrimental to the child's speech. This does depend, however, on the previous level of competence with which the child manages the new sounds, and also the type of speech defect. A child with a stammer would not come into this category.

Owing to the unsuitability of the premises previously used for the Speech Clinic in Newport Pagnell, a change has now been effected. This change has been welcomed by all connected with the clinic and our thanks go to those responsible.

Co-operation from other Local Authorities' officers has been very good and I would like to cite one instance:—

'A small boy, three and a half years of age was admitted to clinic with a very severe stammer which was complicated by a gross articulatory defect. On endeavouring to trace the cause of the stammer and thereby to relieve it, it was found that the appalling living accommodation was mainly responsible. The parents had their name on the waiting list for a Council house for many years without success. However, the family have since been

offered a Council house and the move is being effected early in the New Year of 1956. It is interesting to note that already the child's stammer is greatly reduced, presumably owing to the plans for the new house already afoot.'

A formidable waiting list has accumulated at the Aylesbury Clinic. It is hoped to reduce this in the New Year when I may have the assistance of a student from one of the London Training Schools."

Mrs. B. D. Maclean, Speech Therapist for Slough, Chesham and High Wycombe, makes the following contribution:—

"During the past twelve months, Speech Therapy Clinics have been held in High Wycombe, Slough and Chesham. The clinics have been run on the same lines as previously; that is to say, individual treatment has been given to the majority of children attending while some groups have been held. The groups have been devoted to the treatment of stammerers; in Slough two groups have been continued, one for 10—14 year olds and the other for 6—9 year olds; in High Wycombe, a group for 11-13 year olds has continued and a new group has been formed to cater for the younger children of 6-7 years. These groups have proved very successful and only lack of suitable accommodation prevents the formation of at least one group in Chesham.

Co-operation from parents and school staff continues for the most part to be good and attendance at the clinics has been high though inevitably a certain amount of absenteeism occurs due usually to both parents being in full-time employment.

A certain amount of home practice has been set for some children and this is usually intelligently carried out by the parents.

The clinics closed during the school summer holiday and during this time an utterly unsuccessful attempt was made to interview a number of new patients in Slough and High Wycombe; attendance at four full day sessions held was nil!

As usual, four second year students from the training school have attended the clinic in Slough and have, under supervision, treated a number of cases.

The waiting lists in Slough and Chesham continue to be long while that in High Wycombe is considerably shorter."

Statistics relating to speech therapy clinics over the last five years are as follows:—

	1951	1952	1953	1954	1955
New admissions	92	91	109	83	67
Number discharged or removed from waiting list during year ...	96	99	193	117	72
Number on waiting list on 31st December	117	122	51	53	98

Verminous Conditions.

Fewer verminous schoolchildren were found on inspection during the year than at any time during the five years under review. When one realises that in 1950 over 10% of the school population were found to be infested, the great improvement in the cleanliness of children becomes more marked.

	School Population.	No. of pupils found to be infested.	% of school population found to be infested.
1951	46,891	2,265	4.83
1952	50,188	2,151	4.28
1953	52,288	1,492	2.86
1954	54,647	993	1.83
1955	57,658	697	1.20

Tuberculosis and B.C.G. Vaccination.

Following the Minister's approval of the Council's proposals for B.C.G. vaccination, the Health Committee offered vaccination to all thirteen to fourteen year old children in the maintained schools. Arrangements were made for the work to be done by the school doctors in association with their visits to medically examine school leavers during the Spring Term.

As a preliminary, head teachers were informed about B.C.G. vaccination and explanatory leaflets were made available for issue to parents. Talks to Parent Teachers Associations and Mothers' Clubs were also given by chest physicians, school doctors and school nurses. After parental consent had been obtained, skin testing by the Heaf method was performed to find out which children needed protection. The results of the tests were read a few days later and vaccination of the non reactors was carried out.

The statistics for the County were as follows:—

No. of schools visited.	No. of Skin Tests.	No. of Positive Reactors.	No. of Negative Reactors.	Percentage of Positives.
71	2,887	667	2,134	23.8

It will be noted that the proportion of positive reactors averaged 23.8% but this varied from school to school. In four schools the proportion was unduly high so the parents of all children in these schools were asked to give their consent for skin tests to be carried out. There was an acceptance rate of about 95% and all positive reactors were subjected to x-ray screening. In only one case was a tuberculous lesion found on x-ray of the chest. This suggests that the high proportion of positive reactors in these schools was due to previous bovine infection probably from milk, the primary lesion having been of a non pulmonary type. The results of the tuberculin tests in each of the four schools are as follows:—

Beaconsfield Secondary Modern School:

In March, 1955, the School Medical Authority tuberculin tested the 13 year old pupils with a view to B.C.G. vaccination of negative reactors. At this school, out of 32 pupils 14 were positive, a percentage of 45.2. The district covers a rural area and is comparable to Newbury. When the Mass Radiography Survey covered the Newbury area, the percentage of reactors for this age group was 54.8. Comparison shows that Beaconsfield was lower than Newbury but as the figure was above that for most of the similar schools, it was felt advisable to investigate the school by the Heaf tuberculin tests and X-ray screening of reactors, those in whom screening was doubtful being recalled for an X-ray film. In reading the tuberculin test positive reactors were grouped in +1 to +4, according to severity of reaction.

219 pupils were tested and consent was refused in 12 cases, a percentage for acceptance of 94.8.

The following are the results:—

Form.	Ages.	Tested.	Number read.	% Positive Reactors.	Mean % for age group.	Mass Radiography Survey % Positive Reactors.		
						Oxford, Newbury.	High Wycombe.	
1. }	11—12.	37	36	22.2	28.0	18.7	43.3	23.7
2. }		39	39	33.3				
3. }	12—13.	38	38	34.2	37.3	21.6	47.8	29.4
4. }		37	37	35.1				
5.	13—14.	37	36	27.7	27.7	21.7	54.8	30.9
6.	14—15.	31	29	51.7	51.7	23.4	57.6	33.8
		219						

The percentage of reactors was in each form below the comparable figure for Newbury. All reactors were screened with the exception of those who had received B.C.G.

Two were recalled for X-ray. One showed no evidence of any lung lesion.

The other, a girl of 14, had a tuberculous lesion in the left upper lobe. As she resides out of the High Wycombe Chest Clinic area, she has been referred to the Chest Clinic at Windsor, in addition to being excluded from school.

One child whose parents refused to allow the skin test was submitted to X-ray and found clear.

The severity of the tuberculin reaction was no guide to the clinical or radiographic picture of the pupil.

Grouping the reactors according to sex or those taking canteen meals revealed no information.

Two of the teaching staff whose ages did not exceed 30 were tuberculin tested and found positive. All the teaching staff were screened and found clear.

The canteen staff, a part-time secretary and the caretaker, attended for screening and were found clear.

St. Bernard's Convent, High Wycombe:

In March, 1955, the School Medical Authority tuberculin tested the 13-year pupils with a view to B.C.G. vaccination of negative reactors. At this school, out of 19 pupils tested, 10 were positive, a percentage of 52.6. Although the numbers were small the percentage seemed high when compared to the Mass Radiography Survey tuberculin testing of 13 year olds in the High Wycombe area, when the percentage was 30.9 and nearer to the Newbury figure of 54.8. As the pupils are girls drawn from the High Wycombe industrial and surrounding rural districts the figure seemed rather high and it was felt advisable to investigate the school. The investigation comprised a Heaf tuberculin test and X-ray screening of reactors, those in whom screening was doubtful being recalled for an X-ray film.

The results are grouped as a result of form testing as the ages of the children in the various forms were uniform. Even though in a few instances older children were included in a form it was felt that form grouping would give a better clue to contact.

271 pupils were tested and consent was refused in 38 cases, giving an acceptance of 87%.

The following are the results:—

Form.	Ages.	Tested.	Number read.	% positive reactors.	Mass Radiography Survey		
					Oxford.	Newbury.	High Wycombe.
Kindergarten I	5—6	16	16	Nil.	7.4	18.8	5.0
Kindergarten II	5—6	19	18	Nil.	7.4	18.8	5.0
Transition	7—8	21	20	10	12.9	22.3	10.2
Class 1	8—9	25	24	4	15.8	25.1	12.6
Class 1A	8—9	29	29	3.4	15.8	25.1	12.6
Class 2	10—11	29	29	10.3	16.5	30.8	12.6
Form I	11—12	30	30	13.3	18.7	43.3	23.7
Form II	12—13	28	28	14.3	21.6	47.8	29.4
Form III	13—14	27	27	33.3	21.7	54.8	30.9
Form IV	14—15	24	21	42.9	23.4	57.6	33.8
Form V	15—16	15	15	33.0	26.7	54.8	37.5
Form VI	16—17	8	8	75.0	No figures for comparison.		

271

Two forms call for comment, Form IV with a percentage of 42.9 and Form VI. In Form IV 42.9% is probably normal comparing the figure to High Wycombe and Newbury. In Form VI the percentage is high but the figures are so small that there is probably no statistical significance.

Teachers under 30 years of age were tuberculin tested as it was felt that over thirty all would be positive. Of those under thirty, one was a negative reactor.

When reading the tuberculin test positive reactors were grouped +1 to +4 according to the severity of the reaction. None fell into the +4 group.

All positive reactors were submitted to X-ray screening, with the exception of those whose positive reaction had been converted by B.C.G., and particular attention was paid to those whose tuberculin reaction had been +3. All pupils who had received B.C.G. were tuberculin positive. There seemed no correlation between the severity of the reaction and any child's symptoms, clinical condition and X-ray.

Two children were picked out for X-ray films. One aged 10 had an azygos lobe and no lung lesion was seen. The other, aged 14, had a tuberculin +3 reaction and the X-ray showed a slightly suspicious change in the left 1st space. The girl gave a history of frequent colds, and although there was insufficient evidence to exclude her from school, the parents were advised that an X-ray in three months' time would be advisable.

The teaching staff were found clear. One who was tuberculin negative will be offered B.C.G. vaccination.

Two canteen staff were screened and found clear.

Marlow County Secondary School.

In March, 1955, the School Medical Authority tuberculin tested the 13-year old pupils with a view to B.C.G. vaccination of negative reactors. At this school, out of 66 pupils tested 25 pupils were positive, a percentage of 37.9. The percentage seemed high when compared to the Mass Radiography Survey tuberculin testing of 13-year olds in the High Wycombe area, when the percentage was 30.9. This area, however, is a rural district and compares to the Newbury area, so that the figure was not abnormal. It was felt interesting to investigate for comparison.

Investigation comprised a Heaf tuberculin test and X-ray screening of reactors' those in whom screening was doubtful being recalled for an X-ray film.

The results are grouped as a result of form testing as the ages of the children in the various forms were uniform. Even though in a few instances older children were included in a form it was felt that form grouping would give a better clue to contact.

The school consists of boys and girls between the ages of 11 and 15, drawn from the surrounding rural areas. 326 children were tested and 17 refused, giving an acceptance of 95%.

The following are the results:—

Form.	Ages.	Tested.	Number read.	% positive reactors.	Mean % for age group.	Mass Radiography Survey % positive reactors.		
						Oxford.	Newbury.	High Wycombe.
1A	11—12	33	32	15.6	26.3	18.7	43.3	23.7
1B		29	28	25.0				
1C		14	13	38.4				
2A	12—13	34	34	26.4	21.8	21.6	47.8	29.4
2B		33	33	15.1				
2C		29	29	24.1				
3A	13—14	34	34	26.4	16.3	21.7	54.8	30.9
3B		32	32	6.2				
4A	14—15	38	38	42.0	37.7	23.4	57.6	33.8
4B		27	27	40.7				
4C		23	23	30.4				
		<hr/> 326 <hr/>						

Of the positive reactors, 34 had received B.C.G. In addition, two who had received B.C.G. were negative reactors. All positive reactors with the exception of those who had received B.C.G. were screened. The two remaining negative to tuberculin after B.C.G. will be re-vaccinated.

Of the children, one child was found to have some widening of the mediastinum with a calcified gland in the left upper zone. On enquiry, she gave a history of having had erythema nodosum two years ago, when she was found to have large mediastinal glands and was treated. Her tuberculous condition appears quiescent and she is safe to continue at school.

Grouping the reactors according to sex or those taking canteen meals has shown no significance.

Of the teaching staff, those under 30 years of age were tuberculin tested. Two were found to be negative and will be offered B.C.G. vaccination. Of those over 30 and positive reactors, 7 were screened and two were recalled for X-ray films. One of these showed an azygos lobe and in the other lung fields were within normal limits. One teacher was unwilling to submit to X-ray examination. He had been passed by Mass Radiography three years earlier but was said to have fairly frequent absences due to chronic bronchitis. His private doctor has been approached and asked to arrange an X-ray should he go sick with this condition again.

Seven canteen staff and the caretaker were screened and found to be clear.

Wooburn County Secondary School.

In March, 1955, the School Medical Authority tuberculin tested the 13 year old pupils with a view to B.C.G. vaccination of negative reactors. At this school, out of 45 pupils tested 28 were positive, a percentage of 65.9. The district covers a rural area and is comparable to Newbury. When the Mass Radiography Survey covered the Newbury area, the percentage of reactors for this age group was 54.8. In view of this high incidence, it was felt advisable to investigate the school by the Heaf tuberculin test and X-ray screening of reactors, those in whom screening was doubtful being recalled for an X-ray film. In reading the tuberculin test, positive reactors were grouped in +1 to +4, according to severity of reaction. Reactors following B.C.G. were not submitted to X-ray screening.

241 pupils were tested and consent was refused in 16 cases, a percentage for acceptance of 93.8%.

The following are the results:—

Form	Ages	Tested	Number read.	% positive reactors.	Mean % for age group.	Mass Radiography Survey % positive reactors		
						Oxford.	Newbury.	Wymcombe.
1R	} 11—12	25	24	45.6	} 38.0	18.7	43.3	23.7
1A		28	28	39.2				
1B		32	32	31.0				
2A	} 12—13	29	29	41.3	} 53.2	21.6	47.8	29.4
2B		33	33	63.6				
3T	} 13—14	28	28	32.1	} 52.5	21.7	54.8	30.9
3C		23	22	45.4				
4.	14—15	43	43	55.8	55.8	23.4	57.6	33.8
		241						

Form 2B calls for comment with a percentage of 63.6 reactors, compared to the Newbury figure of 47.8%.

The reactors were screened and five were recalled for a film. Three of these showed nothing of significance.

One boy had an enlarged left root shadow, but appeared well and symptom free with no abnormal physical signs. As the tuberculin reaction was +3, he is being kept under observation and will be X-rayed shortly.

The other abnormal X-ray showed heavy striations in the left second space. He is already under observation as a contact to his father who has quiescent pulmonary tuberculosis.

The severity of the tuberculin reaction was no guide to the clinical or radiographic picture of the pupil, except in one instance.

Grouping the reactors according to sex or those taking canteen meals revealed no information.

Of the teachers, those under 30 were tuberculin tested, two proving negative.

These will be offered B.C.G. With the exception of the two negative reactors and one teacher absent with a chill, the staff were screened and found clear. The teacher absent has only just been appointed to the school and so has undergone a recent medical examination and been passed as satisfactory.

No canteen staff attended for X ray screening.

Now that the first year's work of B.C.G. vaccination has been completed, it is perhaps opportune to make a few comments.

As the vaccine has to be obtained from Denmark and is only effective for a limited time after preparation, the Ministry require three weeks' notice when orders are received from local health authorities. It is therefore essential to plan for one's needs well ahead and it was impossible to avoid over ordering on some occasions. Distribution to the Divisional School Medical Officers was sometimes a problem as there was often no margin of time to allow for delay in the post after despatch of the vaccine from the County Health Department. In spite of this, delay only occurred in one instance resulting in cancellation of the arrangements and the vaccinations having to be carried out the following term.

It would seem more practicable from the point of view of a rural county with decentralised administration for the Ministry to despatch the vaccine direct to the Divisional School Medical Officer but unfortunately they were unable to see their way to do this.

Arrangements in the schools went smoothly and experience showed that, with good clerical help, it was possible to get through a large number of vaccinations in a minimum of time. The smooth running of the scheme was undoubtedly facilitated by the co-operation given by both teachers and the staff of the Education Department.

The following table shows the number of new notifications of tuberculosis in schoolchildren during the year.

Age (Years)	Males		Females		Totals
	Pulmonary	Non Pulmonary	Pulmonary	Non Pulmonary	
5	—	—	2	—	2
6	2	—	—	2	4
7	—	—	2	—	2
8	2	—	1	—	3
9	2	—	—	—	2
10	1	2	1	—	4
11	—	—	1	1	2
12	1	1	1	2	5
13	2	—	—	—	2
14	—	—	—	—	—
15	—	—	—	2	2
TOTALS	10	3	8	7	28

Convalescence and Open-Air Schools.

17 cases were sent for convalescence during the year for periods varying between 2 and 4 weeks. In the majority of cases the reason for convalescence was given as general debility and malnutrition.

27 cases were sent to open-air schools during the year.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

I am grateful to Mr. E. Kew, Principal School Dental Officer, for the following contribution to this report:—

“ The continued increase in the school population (approximately 3,000 over the previous year) and the shortage of dental staff, together with the resignation (domestic reasons) in the first six months of the year of three part-time dental officers, had an adverse effect on the number of children who received routine dental inspection. The amount of treatment given was also less than in the previous year.

Staff.

In the last quarter of the year, a full-time dental officer was appointed for the Aylesbury Rural District and a part-time officer for the Buckingham district, which provided a dental staff equivalent to $9\frac{1}{2}$ full-time officers at the end of the year.

The difficulty in obtaining dental officers is not, of course, peculiar to this County. There are a number of other counties with an even lower proportion of dental officers relative to the school population than in Buckinghamshire.

Inspection and Treatment.

Less than half the schoolchildren were seen at routine dental inspections and offered the necessary treatment.

It was noted that 57% of those inspected needed treatment. Half of these accepted treatment under the Committee's dental scheme, and it was observed that at least 30% of the remainder were receiving regular routine treatment from private practitioners so that, in effect, only 20% of those inspected who needed treatment did not receive it regularly.

Due to staff changes already mentioned, there were 306 fewer sessions worked than in the previous year, and consequently the amount of work carried out was considerably less and was most marked in the number of fillings—approximately 4,000. A table giving details of the treatment carried out appears on page 36.

Thirty-three partial dentures were provided during the year; the majority of them to replace front teeth lost either through accident or decay.

Although it was not possible to carry out orthodontic (regulation of teeth) work to any great extent, 47 cases were treated and the necessary appliances made and fitted with some very gratifying results.

Other operations which are numerous, time consuming and cover a wide field are set out in detail below:—

Scaling and cleaning teeth	437
Fillings polished	3,395
Gum treatment	255
Applications of silver nitrate	3,998
Sockets plugged	25
Sockets syringed	28
Insertion of pencillin cones	378
Root treatments	50
Root fillings	21
Sedative dressings	1,837
Impressions	105
Bites taken	35
Try-ins	16
Dentures fitted	33
Dentures eased	23
Orthodontic appliances fitted	47
Orthodontic supervision	323
	<hr/>
	11,006
	<hr/>

X-rays	269
Local anaesthetics	4,221
General anaesthetics	491
Inspections and advice given	415

Dental Hygienist.

A dental hygienist is employed full-time. She spent practically half her time in the Slough Clinic and the remainder in the Chesham and High Wycombe Clinics,

Details of the work carried out are set out below:—

Patients treated	547
Attendances	1,299
Instructions in oral hygiene	616
Scaling and cleaning teeth	1,168
Application of hydrogen peroxide	116

Mobile Dental Clinic.

During the year, the Mobile Unit visited twelve schools.

The number of attendances made was 1,671 and the treatments carried out were as follows:—

Fillings	1,083
Extractions	501
Other operations	938

Unfortunately, it was not possible to use this Mobile Unit as much as we should have liked owing to the shortage of dental officers.

On behalf of the dental staff, I would like to thank the teachers for their continued co-operation and interest in the dental work in both schools and clinics."

HANDICAPPED PUPILS.

Two years ago, a Senior Medical Officer was appointed by the Health and Education Committees to supervise the care of handicapped persons. His time has been divided equally between the care of handicapped pupils under the Education Act and the welfare of handicapped persons under the National Health Act and the National Assistance Act.

As far as the handicapped child is concerned, any recommendations concerning a child's medical care and education are bound to have a profound effect on the whole future of the individual. The Committee therefore felt justified in appointing such a Senior Medical Officer with special responsibility for the case work in connection with these children.

I have received the following report from Dr. A. W. Pringle who has been doing this work:—

"In previous reports under this heading the categories of handicaps have been defined and the Council's duty with regard to ascertainment and provision of special educational treatment explained. It is assumed that those who read the report are by now familiar with these administrative aspects of the work and in this and future reports it is proposed to comment on some particular subject directly or indirectly connected with the education of handicapped pupils which, it is hoped, will be of general interest. Reference will also be made to progress during the course of the year.

The Park Special Day School at Slough was officially opened on the 1st September, 1955. This school has places for 180 educationally sub-normal pupils, the majority of whom are in the lower range of this category. It should be remembered that, although the opening of this school has met the situation in Slough and the surrounding area, there are other areas of the County which still lack educational facilities for low grade educationally sub-normal pupils. - The establishment of special classes in some ordinary schools has gone some way to meet this need but it is usually found that the seriously retarded child cannot be educated adequately in a special class beyond the age of eleven years.

The table on page 31 gives the number of pupils who have been ascertained as deaf and as partially deaf. Whereas some pupils with other handicaps may manage to benefit from education at an ordinary school the deaf child, like the blind child, will without doubt require special educational treatment. The partially deaf child by definition also requires special education but for this category there is the hope that with early training, ordinary school education may become possible. There is therefore a particular need to consider if anything can be done during the pre-school period to prepare the deaf child for special education and the partially deaf child for, it is hoped, education in an ordinary school.

The value of early auditory training has been recognised for some years in this country. Obviously, the first step to achieve this is early diagnosis and this is not always simple. Unless parents and others interested in the child are unusually observant, the deafness may not be noticed until failure to develop simple speech causes anxiety. This is especially liable to be the case when the child has a little residual hearing and may respond to noises of a certain pitch and intensity, but has not sufficient hearing range to acquire speech naturally. Audiometry is impracticable at this age so that diagnosis must be based on observation and rough tests. It is therefore justifiable to start early auditory if deafness is suspected for, in the event of a wrong diagnosis, no harm will result and any inconvenience caused to the parents is more than offset by the advantage of early training.

The theory underlying the training is quite simple. Although the normal infant does not usually say recognisable words until it is well advanced into the second year, it begins to take in speech quite early and possibly to use speech mentally much before it actually produces speech. If this period of taking in speech is blocked by deafness, the natural time for this process is lost and with every year which passes it becomes more difficult for the child to learn speech through training.

In the case of the deaf child, early training is directed towards lip reading and here success or failure depends to a large extent on the degree of co-operation which the parents are willing to give. They must persevere in applying the advice given them in the face of little outward show of progress and maintain their faith that what they are doing at this time will produce results later. If left to his own devices, the child will fail to make normal mental development and may develop behaviour difficulties from frustration.

If the child has some residual hearing, every effort must be made to utilise it as early as possible. Favourable results have been reported in investigations into the use of hearing aids in suitable cases during the first year, or in less severe cases, speech of normal intensity very close to the ear. Whichever method is used, it is usually combined with training in lip-reading.

One of the positive things about special training is that, given the ideal circumstances of co-operative parents, pre-school training and special schooling, a deaf child of average intelligence can learn to speak sufficiently well to be easily understood, can lip-read strangers and can achieve a high standard of education. It cannot be said that many of the deaf pupils who have been maintained at special schools by the Council are reaching this standard at present and it is possible that the fault may lie in the failure to diagnose early and to start training within the first year. Sign language is a very poor substitute indeed as it isolates the deaf person in society.

There are unhappily very few specialists in pre-school auditory training outside the large centres such as London and Manchester. We are therefore fortunate in having such a worker at the hospital ear, nose and throat clinics in the Aylesbury area and it will be interesting to follow the progress of cases now being treated at these clinics.

Audiometry.

Unfortunately, the Audiometrician, Mrs. M. E. Perry, resigned for domestic reasons on the 27th July, 1955, and it was not possible to replace her before the end of the year. The following figures therefore relate to her work from the 1st January until the end of July:—

No. of Schools visited.	No. of children tested.	No. requiring re-test or further investigation.
61	2,324	364

The object of this service has been to ascertain children with hearing loss as early as possible in their school career so as to ensure a minimum delay in initiating treatment or any form of special education.

It was felt that many of the school entrants would be too young to co-operate in the tests satisfactorily so it was decided to test the six-year old age group.

The Audiometrician visits the schools with a small portable instrument and it is possible to obtain a fairly accurate assessment of a child's hearing in a test lasting a few minutes. The procedure can be carried out in almost any room large enough to accommodate the Audiometrician and one child. Unlike the gramophone method, the apparatus takes little time to set up, about the only essential being an electricity supply to which the instrument can be plugged in. The result of the test is recorded in the form of an audiogram on a small slip which is then affixed to the child's medical record card.

Should any child be found to have a hearing loss of more than 20 decibels on any frequency, parents are invited to attend with the child at one of the school clinics. The test is then repeated and examination is carried out by a school doctor. Advice can thus be given to parents and teachers on any measures which might help educationally or medically."

SCHOOL NURSING SERVICE.

I have received the following report from Miss F. E. Lillywhite, Superintendent Health Visitor.

"During the year, the work of the School Nursing Service has steadily progressed, the main expansion being centered round B.C.G. vaccination of the thirteen to fourteen year old children, undertaken during the Spring Term. The demands on time taken up by school nurses on this work was considerable.

In all areas, the procedure within the schools was similar, nurses assisting school doctors both with preliminary skin tests and vaccination.

Helpful advice on B.C.G. vaccination was given both to individual parents and in the form of talks to Parent Teachers Associations and Mothers' Clubs.

Home visits were made to some extent in different areas; in Bletchley, for example, the school nurse was able to visit the parents of all children who had not returned a form giving consent to vaccination and, with few exceptions, was able to persuade them to agree to have their children tested and vaccinated if necessary. Unfortunately, in the Slough area it was not possible to do this owing to the large number of children involved.

Where children were away on the days skin tests were read, home visits were made by the nurses so that skin tests could be read and vaccination carried out when necessary.

All these were carried out with keenness and interest on the part of the nurses who felt that they were doing a job which was well worthwhile.

Health and Hygiene.

The general standard appeared to be good, and I feel that this has been due in some measure to better understanding of the child's home environment by the teacher, brought about by better co-operation between teacher and school nurse and a mutual understanding of each other's work.

The number of verminous children found during routine visits by the nurses and on special visits on the request of teachers continues to be small; on the whole, parents of infested children appreciate visits by the nurse and have responded well to the help and advice she has brought them.

Health Education.

During June, a County Health Exhibition was held in the Town Hall, High Wycombe. Approximately 600 schoolchildren attended and were conducted round in small groups by school nurses.

Requests were received during the year from more schools for mothercraft and hygiene classes. At Orchard School in Slough, for example, a series of talks to all girls about to leave school is given by one of the nurses and it is felt that this is a worthwhile part of their work.

Lectures and talks were given to Parent Teachers Associations and to Youth Clubs. A request was also made for lectures and talks to be given at the Teachers' College at Bletchley Park. This opportunity is particularly welcomed as it will go a long way towards fostering a good relationship between teachers and the School Health Service.

Minor Ailments.

There is only one minor ailment clinic which is held in Slough and the number of children attending is still decreasing. Scabies and impetigo have almost disappeared but the number of cases of verruca is increasing. A few schools call in the school nurses from time to time to treat minor ailments or they may send children to the school clinic or the health centre but, on the whole, treatment of minor ailments is carried out by the family doctors."

Co-operation continues to be of the utmost importance between all those taking part in the School Health Service for the benefit of the child and this year has been encouraging in this respect.

SCHOOL HYGIENE AND SANITATION.

Improvements to washing and sanitary accommodation have been carried out at twenty-four schools during the year as follows:—

Division.	School.	Improvements carried out.
Amersham/Chesham :	Chenies C.P.	Waterborne sanitation including cesspool.
	Germain C.S.	Replacement of W.C. pans.
	Lec Common C.E.	New sanitary offices.
Aylesbury :	Edlesborough C.	Waterborne sanitation.
	Dagnall C.P.	Waterborne sanitation.
	Great Brickhill C.E.	Waterborne sanitation.
	Long Crendon C.	Improvements to lavatories.
	Waddesdon C.	Eight additional lavatory basins.
Buckingham/Winslow :	Leckhampstead C.E.	Waterborne sanitation.
High Wycombe :	High Wycombe Priory Road C.P.	New sanitary offices.
	Marlow Infants	Additional lavatory basins.
	Marlow R.C.	Four additional lavatory basins.

Division.	School.	Improvements carried out.
North Bucks :	Bow Brickhill C.P.	Waterborne sanitation.
	Castlethorpe C.	Waterborne sanitation.
	Emberton C.	Waterborne sanitation.
	Hanslope C.	Waterborne sanitation.
	Lavendon C.P.	Waterborne sanitation.
	New Bradwell C.	Waterborne sanitation.
	Simpson C.P.	Waterborne sanitation.
	Stony Stratford C.	Lavatory accommodation.
Slough and Eton :	Stoke Goldington C.E. Primary.	Waterborne sanitation.
	Dropmore C.P.	Waterborne sanitation including cesspool.
	Iver C.P.	Waterborne sanitation.
	Slough C.E. Primary	New sanitary offices.

SCHOOL MEALS.

On the 31st December, 1955, 157 schools or departments were being supplied with meals from their own kitchens while 151 schools received meals from central kitchens. In one school there were no arrangements as compared with two at the end of 1954.

The numbers of school meals supplied daily each year since 1950 are as follows:—

		1950	1951	1952	1953	1954	1955
Primary	... ..	17,569	16,947	18,628	17,266	18,349	20,258
Secondary	... ..	5,879	7,072	7,145	6,662	9,231	9,284
		<u>23,448</u>	<u>24,019</u>	<u>25,773</u>	<u>23,928</u>	<u>27,580</u>	<u>29,542</u>

No outbreaks of illness attributable to school meals were reported during the year.

**HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL
APPROVED SCHOOLS UNDER SECTION 9(5) OF THE EDUCATION
ACT, 1944. (OTHER THAN HOSPITAL SCHOOLS) OR BOARDING
IN BOARDING HOMES.**

During the calendar year ended 31st December, 1955, how many handi- capped pupils —	(1) Blind (2) Partially sighted.		(3) Deaf (4) Partially Deaf.		(5) Delicate (6) Physically handi- capped.		(7) Educationally sub- normal (8) Maladjusted.		(9) Epileptic.	TOTAL (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. were newly placed in Special Schools or Boarding Homes?	1	1	3	2	27	9	107	8	2	160
B. were newly assessed as needing special educational treatment at Special Schools or in Boarding Homes?	1	3	1	3	27	8	108	10	3	164

On or about 31st Jan- uary, 1956, how many handicapped pupils from the Authority's area —	(1) Blind (2) Partially sighted.		(3) Deaf (4) Partially Deaf.		(5) Delicate (6) Physically handi- capped.		(7) Educationally sub-normal. (8) Maladjusted.		(9) Epileptic.	TOTAL (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(C) (i) were on the regis- ters of special schools as (a) day pupils (b) boarding pupils	— 14	— 12	— 31	— 9	— 20	— 10	129 118	— 8	— 9	129 231
(ii) were on the regis- ters of independent schools under ar- range ments made by the Authority	—	—	2	3	7	8	9	25	—	54
(iii) were boarded in Homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	12	—	12
TOTAL C	14	12	33	12	27	18	256	45	9	426

D. were being educated under arrangements made under Section 56 of the Education Act, 1944.

	(1) Blind. (2) Partially sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate. (6) Physically handi-		(7) Educationally sub-normal. (8) Maladjusted.		(9) Epileptic.	TOTAL (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(i) in hospitals	—	—	—	—	—	10	—	—	—	10
(ii) in other groups (e.g., units for spas- tics).	—	—	—	—	—	—	—	—	—	—
(iii) at home	1	—	1	—	1	29	9	1	—	42
E. were requiring places in special schools										
(i) TOTAL (a) day	—	—	—	—	—	—	90	—	—	90
(b) boarding	2	5	2	2	1	14	90	8	—	124
Please state how many pupils are included in the totals above —										
(ii) who had not reached the age of 5:—										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting board- ing places	—	—	—	—	—	1	—	—	—	1
(iii) who had reached the age of 5 but whose parents had not consented to their admission to a special school.										
(a) awaiting day places	—	—	—	—	—	—	5	—	—	5
(b) awaiting board- ing places	2	—	2	—	—	1	49	2	—	56

F. During the calendar year ended 31st December, 1955, how many children were reported to the local health authority:—

(a) under Section 57(3) (excluding any returned under (b))22

(b) under Section 57(3) relying on Section 57(4)—

(c) under Section 57(5)34

of the Education Act, 1944.

G. During the financial year ended 31st March, 1955, £4,604 was spent on arrangements under SECTION 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school.

MEDICAL INSPECTION RETURNS.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Children examined in each:—

Entrants	5,658
2nd Age Group	4,704
3rd Age Group	3,466
Total	13,828
Additional Periodic Inspections	738
Grand Total	14,566

B.—OTHER INSPECTIONS

Number of Special Inspections	880
Number of Re-inspections	2,720
Total	3,600

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected.	For defective vision (excluding squint).	For any of the other conditions recorded in Table 11A.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	47	400	425
2nd Age Group	122	233	339
3rd Age Group	116	90	201
Total	285	723	965
Additional periodic Inspections	15	58	72
Grand Total	300	781	1,037

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1955.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
4. Skin		14	52	6	16
5. Eyes—					
(a) Vision		300	118	61	36
(b) Squint		49	46	12	17
(c) Other		13	23	3	14
6. Ears—					
(a) Hearing		39	97	22	45
(b) Otitis Media ...		7	29	1	5
(c) Other		9	23	4	6
7. Nose or Throat ...		210	481	57	136
8. Speech		39	72	46	42
9. Cervical Glands ...		3	42	5	17
10. Heart & Circulation		23	155	3	48
11. Lungs		35	150	20	63
12. Developmental—					
(a) Hernia		1	38	1	4
(b) Other		8	122	2	44
13. Orthopaedic—					
(a) Posture		83	114	12	21
(b) Flat Foot		77	94	16	31
(c) Other		135	150	38	54
14. Nervous system—					
(a) Epilepsy		2	29	4	15
(b) Other		4	46	7	35
15. Psychological—					
(a) Development ...		30	62	72	48
(b) Stability		9	52	27	35
16. Other		8	74	7	52

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups Inspected	No. of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col.2.	No.	% of col.2.	No.	% of col.2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	5,658	2,268	40.08	3,233	57.14	157	2.78
2nd Age Group	4,704	2,109	44.83	2,510	53.37	85	1.80
3rd Age Group	3,466	1,403	40.48	1,923	55.48	140	4.04
Additional Periodic Inspections	738	334	45.26	385	52.17	19	2.57
Total	14,566	6,114	41.98	8,051	55.27	401	2.75

**TABLE III.
INFESTATION WITH VERMIN.**

(i) Total number of examinations in the schools by the school nurses or other authorised persons	90,101
(ii) Total number of individual pupils found to be infested ...	697
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	72
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

TABLE IV.

**Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Special Schools).**

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year by the Authority.		otherwise.
Ringworm—(i) Scalp	1	—	—
(ii) Body	—	—	—
Scabies	—	—	—
Impetigo	10	—	—
Other skin diseases	62	—	—
Total	73	—	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with by the Authority.		otherwise.
External and other, excluding errors of refraction and squint	41	—	—
Errors of refraction (including squint) ...	3,605	—	—
Total	3,646	—	—
Number of pupils for whom spectacles were			
(a) Prescribed	1,447	—	—
(b) Obtained	Unknown	—	—

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated by the Authority.		otherwise.
Received operative treatment			
(a) for diseases of the ear	—	—	—
(b) for adenoids and chronic tonsillitis	—	1,481	—
(c) for other nose and throat conditions	—	—	—
Received other form of treatment	—	—	—
Total	—	1,481	—

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	Unknown
	by the Authority. otherwise.
(b) Number treated otherwise, e.g. in clinics or out-patients departments ...	300

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated in the Authority's Child Guidance Clinics. elsewhere.
Number of pupils treated at Child Guidance Clinics	156 29

GROUP 6.—SPEECH THERAPY

	Number of cases treated by the Authority. otherwise.
Number of pupils treated by Speech Therapists	94 —

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated by the Authority. otherwise.
Miscellaneous minor ailments	321 —

TABLE V.

Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) At Periodic Inspections	26,428
(b) As Specials	1,721
Total (1)	28,149
(2) Number found to require treatment	16,037
(3) Number offered treatment	16,037
(4) Number actually treated	6,890
(5) Attendances made by pupils for treatment	22,456
(6) Half days devoted to : Periodic Inspection	221
Treatment	3,381
Total (6)	3,602
(7) Fillings : Permanent Teeth	12,505
Temporary Teeth	4,413
Total (7)	16,918
(8) Number of teeth filled : Permanent Teeth	11,862
Temporary Teeth	3,215
Total (8)	15,077
(9) Extractions : Permanent Teeth	1,317
Temporary Teeth	4,955
Total (9)	6,272
(10) Administration of general anaesthetics for extraction	491
(11) Other operations : Permanent Teeth	7,119
Temporary Teeth	3,887
Total (11)	11,006